Department of State **Division of Corporations**

P. O. Box 6327 Tallahassee, FL 32314



Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fee **№** \$78.75 Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

900003634459--7 -02/06/01--01009--016

1/269 Cloverhill Ct Address

Jacksonville Fl 32257
City, State & Zip

904-359-/69/ Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be InterFaith Hospitality Network of Jacksonville, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 8264 Lone Star Road, Jacksonville, FL 32211.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to provide services to homeless families in the community such as temporary shelter, meals, and job location assistance.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed will be by the majority vote of the members in attendance at the annual meeting held in January of each year.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Ben Allen, President 453 Tahitian Terrace Jacksonville, FL 32216

Harold Isgette, Secretary 11269 Cloverhill Ct Jacksonville, FL 32257

Fred Schlicht, Treasurer 3818 Chestwood Ave Jacksonville, FL 32277

O1 FEB -5 AM II: I

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is Gayle Reid, 8264 Lone Star Road, Jacksonville, FL 32211.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is Harold Isgette, 11269 Cloverhill Ct, Jacksonville, FL 32257.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature Registered Agent

Signature/Incorperator

Date

Date